

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-014024

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 110

FILED MAY 14 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

| | | | |
|---|---|--|----------------------------------|
| 1. PLACE OF DEATH a. COUNTY Audrain | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico | | c. CITY OR TOWN Mexico | |
| Length of stay in lb 2 yrs. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Hospital | | d. STREET ADDRESS (If outside, give location) R. F. D. #3 | |
| 3. NAME OF DECEASED (Type or print) First Henry Middle Jetson Last Ervin | | 4. DATE OF DEATH Month May Day 7 Year 1962 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 2/9/1877 |
| 9. AGE (last birthday) 86 | | IF UNDER 1 YEAR Months 0 Days 0 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired R. R. Conductor | | 10b. KIND OF BUSINESS OR INDUSTRY Wabash R. R. | |
| 11. BIRTHPLACE (City and state or country) Kentucky | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME George Ervin | | 13b. MOTHER'S MAIDEN NAME Sara Underwood | |
| 14. NAME OF HUSBAND OR WIFE Fay M. Ervin, Dec'd | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | |
| 16. SOCIAL SECURITY NO. [REDACTED] | | 17. INFORMANT Address Mrs. Lee Jeffrey Mexico, Missouri | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Toxic Myocarditis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Peritonitis DUE TO (b) appendicitis DUE TO (c) 2d | | INTERVAL BETWEEN ONSET AND DEATH 2da 6da 2wks | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Emphysema | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour 9:30 A Month, Day, Year 3/26/62 | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 5/7/62 | | 20f. CITY, TOWN, OR LOCATION Springfield, Ill. | |
| 21. I attended the deceased from 3/26/62 to 5/7/62 and last saw him alive on 3/7/62 | | Death occurred at 9:30 A m on the date stated above, and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE (Degree or title) William A. Jaeger | | 22b. ADDRESS 112 N. Clark Mexico Mo | |
| 22c. DATE SIGNED 5/1/62 | | 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | |
| 23b. DATE 5/9/62 | | 23c. NAME OF CEMETERY OR CREMATORY Oak Ridge | |
| 23d. LOCATION (City, town, or county) (State) Springfield, Ill. | | 24. FUNERAL DIRECTOR ADDRESS Arnold Funeral Home Mexico, Mo. | |
| 25. DATE RECD. BY LOCAL REG. MAY 8-1962 | | 26. REGISTRAR'S SIGNATURE Blanche Neely | |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
ORTYPEWRITER RIBBON
William A. Jaeger MD

MAY 15 1962

JUL 13 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bonnie Pickering

Licensed Embalmer No. 5189

P. O. Address Mexico Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.